

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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CENTERS FOR MEDICARE & MEDICAID SERVICES>> pt of Health-HCE P 2/17
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445253	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/30/2014
NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION -LOUDON			STREET ADDRESS, CITY, STATE, ZIP CODE 1520 GROVE ST BOX 190 LOUDON, TN 37774		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 319	Continued From page 1 document need for and response to drug therapy..." Medical record review of the Physician's Recapitulation Orders dated January 1, 2014, with order start date of October 31, 2013, revealed "...Anti-Psychotic: Behavior to be monitored or modified is Dementia Agitation, Record number of Episodes/Occurrences Per Shift, Document in Medical Record as Needed..." Interview with the Director of Nursing in the conference room on January 30, 2014, at 4:15 p.m., revealed the facility failed to implement and document behavior monitoring for the months of December 2013 and January 2014.	F 319	will review behavior monitoring documentation Monday through Friday mornings on clinical rounds to ensure behavior monitoring documentation is completed on those residents identified. Residents who may develop onset of new behaviors will have behavior monitoring plans developed by the IDT as indicated. Any new plan will be monitored for appropriate documentation during clinical rounds Monday through Friday mornings by the IDT. The SDC will in-service licensed staff on appropriate behavior monitoring documentation. Residents on behavior monitoring will be reviewed during Quality Assurance meetings, monthly for three months then quarterly thereafter.	02/10/2014	
F 356 SS=C	483.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis: o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows: o Clear and readable format. o In a prominent place readily accessible to	F 356	It is the practice of this facility to post, on a daily basis, the nurse staffing data at the beginning of each shift. Data will include: o Facility name o Current date o Total number and actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: o Registered Nurses o Licensed Practical Nurses o Certified Nurse Aides o Resident census The specified above data will be posted in a prominent place readily accessible to resident and visitors. The DNS/ADNS/Staffing Coordinator/Manager on Duty or designee will post the specified data each morning Monday through Friday. The Manager on Duty will post the specified	01/31/2014	

2014-02-20 12:50

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>> pt of Health-HCF P 3/17
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F 356	Continued From page 2 residents and visitors. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to post accurate nurse staffing information as required. The findings included: Observation on January 27, 2014, at 5:28 a.m., at the unit 2 nurse's station revealed the staffing information posted did not accurately reflect the nursing staff on duty for the current day. Observation of the posted nurse staffing revealed the staffing information posted was the staff scheduled for Friday, January 24, 2014, and had not been updated to reflect current nurse staff in the facility on January 27, 2014. Interview with License Practical Nurse #2 at the time of the observation on January 27, 2014, confirmed the staffing information did not reflect the current nurse staff present and confirmed the facility had failed to post accurate staffing.	F 356	data on Saturday and Sunday mornings. The Staff Development Coordinator will in- service all Manager on Duty personnel on where and when the specified data is to be posted. Nurse staffing data posting will be validated daily and reviewed in Quality Assurance meeting Monthly for three months and then quarterly thereafter.	1/31/14	
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY	F 371	F371 It is the practice of this facility to procure food from sources approved or considered satisfactory by Federal, State or local		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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NAME OF PROVIDER OR SUPPLIER

KINDRED NURSING AND REHABILITATION -LOUDON

STREET ADDRESS, CITY, STATE, ZIP CODE

1520 GROVE ST BOX 190

LOUDON, TN 37774

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F 371	<p>Continued From page 3</p> <p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, review of refrigerator/freezer temperature log, review of facility policy, and interview, the facility failed to store dishes in a sanitary manner, failed to maintain three of four unit refrigerators in a sanitary manner, and failed to maintain the refrigerator/freezer temperature log for the month of January.</p> <p>The findings included:</p> <p>Observation in the kitchen on January 28, 2014, at 11:10 a.m., revealed twelve of fifty-three bowls from a total of five clean storage racks contained dried debris.</p> <p>Interview with Dietary Aide #1 on January 28, 2014 at 11:15 a.m., confirmed the bowls were not clean.</p> <p>Review of the Facility Refrigerator/Freezer Temperature log, dated January 2014 revealed failure to log the freezer and the refrigerator temperatures for January 24, 2014. Further review revealed failure to log temperatures for the freezer and the refrigerator in the a.m. on January</p>	F 371	<p>authorities; and to store, prepare, distribute and serve food under sanitary conditions.</p> <p>The dietary staff was educated on proper policy and procedure regarding dishwashing by the Certified Dietary Manager.</p> <p>The dietary aide responsible for dishwashing will check each dish rack after it is removed from the dishwasher for cleanliness per policy and procedure.</p> <p>The Dietary Manager or designee will monitor all food service implements for cleanliness after each meals dishwashing is completed as part of the facility nutritional service quick rounds.</p> <p>The dietary staff was educated on proper policy and procedure temperature monitoring by the Certified Dietary Manager.</p> <p>Dietary Manager or designee will monitor the dietary staff with daily checks of the temperature logs.</p> <p>The temperature control log will be reviewed weekly for one month, then bi-weekly for two months by the Registered Dietician. After this time it will be reviewed monthly during the routine kitchen inspection. The Registered Dietician will present findings monthly at Quality Assurance monthly for three months then quarterly thereafter.</p>	<p>2/3/14-</p> <p>2/7/14</p> <p>1/28/14</p> <p>1/31/14</p> <p>2/3/14</p>

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
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F 371	<p>Continued From page 4 25 and 26, 2014.</p> <p>Review of facility policy, Food and Supply Storage, dated August 31, 2012, revealed "...Refrigerator and freezer temperatures are taken and recorded twice a day (am and pm)..."</p> <p>Interview with Dietary Manager in the kitchen on January 27, 2014, at 6:35 a.m., confirmed the refrigerator and the freezer temperatures on January 24, 2014, and the a.m. temperatures for the freezer and the refrigerator on January 25 and 26, 2014, were not recorded on the temperature log.</p> <p>Observation and interview with Licensed Practical Nurse (LPN) #1, on January 27, 2014, at 5:15 a.m., in the 300 hall clean utility room, revealed the refrigerator used to store resident pudding, snacks, and liquids, had yellow dried liquid on the interior of the door and top shelf. Continued observation revealed an unlabeled, undated bag containing wrapped undated bread items and an unlabeled, undated cool whip container on the middle shelf and an open carton of a thickened juice product, undated on an interior door shelf.</p> <p>Interview with LPN #1, on January 27, 2014, at 5:15 a.m., in the 300 hall clean utility room, confirmed the refrigerator was not clean and all food stored in the refrigerator was to be dated and labeled.</p> <p>Observation of the refrigerator in the medication</p>	F 371	<p>The DNS/ADNS/Unit Manager or designee will post a schedule for the clean utility room and hospice refrigerators to be checked for labeled and dated food items and for cleanliness of the refrigerators on each nursing unit. A notice placard will be placed on the exterior of the refrigerators to give notice to all staff that all items placed in the refrigerators for residents must be labeled and dated. A placard will also be placed on the exterior of the hospice kitchen refrigerator to inform hospice residents family members that all items placed in the refrigerator must be labeled and dated prior to placing items in the refrigerator. The DNS/ADNS/Unit Manager or designee will monitor the refrigerators Monday through Fridays to validate that items in the refrigerators are dated and labeled and that refrigerators are clean. Manager on Duty will validate on Saturdays and Sundays.</p>	02/03/2014	

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F 371	Continued From page 5 room at Nurse's Station two on January 27, 2014, at 6:15 a.m., revealed one eight ounce carton of Creamy Whip and one quart bag, three fourth's full, with a yellowish brown liquid unlabeled and undated Interview with LPN #2 on January 27, 2014, at 6:20 a.m., in the medication room at Nurse's Station 2 confirmed the eight ounce carton of Creamy Whip and the quart bag three fourth's full of yellowish brown liquid was unlabeled and undated. Observation of the Hospice refrigerator on the 100 hall on January 27, 2014, at 5:45 a.m., revealed the refrigerator contained two opened 2 liter bottles of soda and one package of taco sauce, unlabeled and undated. Interview with LPN #3 on January 27, 2014, at 5:50 a.m., confirmed the contents of the refrigerator were for resident use, were unlabeled and undated, and should have had been labeled and dated.	F 371	The Staff Development Coordinator will in-service the nursing department staff on appropriate food labeling and storing, as well as recognizing when cleaning of the interior of the refrigerator is necessary. The DNS/ADNS/SDC or designee will report the results of the daily monitoring in the Quality Assurance meeting	2/3/14	
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it -	F 441	F441 It is the practice of this facility to establish and maintain an infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. The Staff Development Coordinator has in-serviced licensed nurses on the appropriate cleaning procedure for glucometers using the Sani-cloth wipes. Licensed Practical Nurse #1 has received	1/28/14 2/3/14	

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F 441	<p>Continued From page 6</p> <p>(1) Investigates, controls, and prevents infections in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens</p> <p>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of manufacturer's recommendations, the facility failed to clean glucometer according to manufacturer's recommendations.</p> <p>The findings included:</p> <p>Observation on January 27, 2014, at 7:15 a.m., on the Unit 3 hallway revealed Licensed Practical</p>	F 441	<p>one on one education by the Staff Development Coordinator on the appropriate cleaning procedure for the glucometer utilizing Sani-cloth wipe per manufacturer's recommendations. A timer has been placed on all medication carts to ensure manufactures recommendations are followed for the specified amount of time. DNS/ADNS/SDC or designee will monitor by direct observation on an unannounced basis to validate that the timer is utilized to ensure manufacturer's recommendations are followed for the appropriate cleaning time. DNS/ADNS/SDC or designee will review monitoring log monthly at Quality Assurance meeting monthly for three months then quarterly thereafter.</p>	1/31/14	

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F 441	Continued From page 7 Nurse (LPN #1) cleaning a glucometer after use. Continued observation revealed LPN #1 wiped the glucometer with a Sani-Cloth wipe. No timing of procedure was observed. Interview with LPN #1 on January 27, 2014, at 7:15 a.m., regarding cleaning the glucometer after use revealed "...it is wiped with Sani- wipe for thirty seconds to one minute...I didn't receive training on how to clean it..." Review of Manufacturer's recommendation for use of Sani-Cloth wipes for cleaning revealed an exposure time of one to four minutes.	F 441		
F 465 SS=F	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain a safe and sanitary environment in two of three shower rooms observed. The findings included: Observation of the shower room on Unit 2, on January 27, 2014, at 6:56 a.m., revealed broken and missing tile on the lower outer wall separating the shower stalls. Further observation revealed black residue in the grout around the edge of the floor in the second shower stall.	F 465	F465 It is the practice of this facility to provide a safe, functional, sanitary, and comfortable environment for resident, staff and the public. The tiles on Unit 2 and 3 shower rooms have been repaired by the Maintenance Director . The black residue in the grout around the edge of the floor has been removed in Unit 2 shower room. Shower rooms will be monitored and cleaned daily by the Housekeeping Manager or designee and monitored weekly by the Maintenance Director or designee and recorded in the Preventative Maintenance log.	2/10/14

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F 465	Continued From page 8 Observation of the shower room on Unit 3, on January 27, 2014, at 7:05 a.m., revealed missing tile on the lower outer corner of the first shower stall. Interview with the Unit 2 Manager on January 27, 2014, at 6:58 a.m., confirmed the broken and missing tile and the black residue in the shower room on Unit 2. Interview with the Maintenance Supervisor on January 27, 2014, at 7:05 a.m., confirmed missing tile in the shower room on Unit 3.	F 465			